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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/608,081	
	<b>Filing Date</b>	June 30, 2003	
	<b>First Named Inventor</b>	Kye Nam LEE et al.	
	<b>Group Art Unit</b>	1765	
	<b>Examiner Name</b>	Lan Vinh	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	40296-0024

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Johnny A. Kumar, Reg. No. 34,649, Customer No. 26633 <i>STEVEN HUNG 45,304</i>
Signature	<i>[Signature]</i>
Date	November 28, 2005

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<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p><b>COMBINED FEE TRANSMITTAL</b> for FY 2005 <small>Effective 08/08/2004. Patent fees are subject to annual revision.</small></p> </div> <div style="text-align: right;"> <p><i>Complete if Known</i></p> </div> </div>																																																																																																																																																																																																																																																																																																																																																																																																																															
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APPLICATION SIZE FEE</b> </td> </tr> <tr> <td colspan="7" style="padding: 5px;">           If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to the whole number). See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)         </td> </tr> <tr> <td>Total Sheets</td> <td></td> <td>Extra Sheets</td> <td></td> <td>Number of each additional 50</td> <td>Fee (\$)</td> <td>Small Entity Fee (\$)</td> </tr> <tr> <td></td> <td>-100 =</td> <td></td> <td>/50 =</td> <td></td> <td>x 250</td> <td>OR x 125</td> </tr> <tr> <td colspan="6" style="text-align: right;">SUBTOTAL (3)</td> <td>\$</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="10" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left;">SUBMITTED BY</th> <th colspan="2" style="text-align: left;">Complete (if applicable)</th> </tr> </thead> <tbody> <tr> <td>Name (Print/Type)</td> <td colspan="3">Johnny A. Kumar</td> <td>Registration No. (Attorney/Agent)</td> <td>34,649 45304</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td>November 28, 2005</td> </tr> <tr> <td colspan="4"></td> <td>Telephone</td> <td>202-912-2000</td> </tr> <tr> <td colspan="4"></td> <td>Customer No.</td> <td>26633</td> </tr> </tbody> </table> </td> </tr> </tbody> </table>										METHOD OF PAYMENT (check one)							FEE CALCULATION (continued)			<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None							<b>4. PETITION FEES UNDER 37 CFR 1.17 (f)</b> Fee Code: 1462    Fee \$ 400    For petitions filed under: § 1.53(e); § 1.57(a); § 1.182; § 1.183; § 1.378(e); § 1.741(b)			Deposit Account Number: 08-1641							<b>5. 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METHOD OF PAYMENT (check one)							FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																																																																																																																																								
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